	Attorney Docket No.	02975.000089

UTILITY
PATENT APPLICATION
TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))

First Named Inventor or Application Identifier	
JUN KOIDE	
Express Mail Label No.	

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. [X] **Fee Transmittal Form**
(Submit an original, and a duplicate for fee processing)

2. [ ] **Applicant claims small entity status.**
See 37 CFR 1.27.

3. [X] Specification   *Total Pages* [86]

4. [X] Drawing(s) *(35 USC 113)*   *Total Sheets* [20]

5. [X] Oath or Declaration   *Total Pages* [1]

    a. [X] Newly executed (original or copy)

    b. [ ] Copy from a prior application (37 CFR 1.63(d))
       (for continuation/divisional with Box 17 completed)

       i. [ ] DELETION OF INVENTOR(S)
          Signed Statement attached deleting inventor(s)
          named in the prior application, see 37 CFR
          1.63(d)(2) and 1.33(b).

6. [X] Application Data Sheet. See 37 CFR 1.76

7. [ ] CD-ROM or CD-R in duplicate, large table or Computer Program *(Appendix)*

8. [ ] Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*

    a. [ ] Computer Readable Form (CRF)

    b. Specification Sequence Listing on:

       i. [ ] CD-ROM or CD-R (2 copies); or

       ii. [ ] paper

    c. [ ] Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. [X] Assignment Papers (cover sheet & document(s))

10. [ ] 37 CFR 3.73(b) Statement *(when there is an assignee)*   [ ] Power of Attorney

11. [ ] English Translation Document *(if applicable)*

12. [X] Information Disclosure Statement (IDS)/PTO-1449   [X] Copies of IDS Citations

13. [ ] Preliminary Amendment

14. [X] Return Receipt Postcard (MPEP 503) *(Should be specifically itemized)*

15. [ ] Certified Copy of Priority Document(s) *(if foreign priority is claimed)*

16. [ ] Other: _____
     _____
     _____

17. If a CONTINUING APPLICATION, *check appropriate box and supply the requisite information:*

[ ] Continuation   [ ] Divisional   [ ] Continuation-in-part (CIP)   of prior application No. ___/_____
Prior application information: Examiner _____   Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

[X] Customer Number or Bar Code Label	05514 (Insert Customer No. or Attach bar code label here)	or [ ] Correspondence address below
NAME		
Address		

City		State		Zip Code	
Country		Telephone		Fax	

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	24-20 =	0	X $ 18.00 =	$ 72.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3-3 =	0	X $ 84.00 =	$ 0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			$280.00 =	$
				BASIC FEE (37 CFR 1.16(a))	$750.00
				Total of above Calculations =	$822.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	$822.00

19. Small entity status
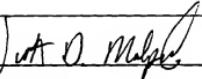
   a. ☐ A small entity statement is enclosed

   b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.

   c. ☐ Is no longer claimed.

20. ☒ A check in the amount of $ 822.00 to cover the filing fee is enclosed.

21. ☒ A check in the amount of $ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

   a. ☒ Fees required under 37 CFR 1.16.

   b. ☒ Fees required under 37 CFR 1.17.

   c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	SCOTT D. MALPEDE/Registration No. 32,533
SIGNATURE	*(signature)*
DATE	July 8, 2003

Form #125

SDM\mm

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